

DEC'D JUL 8 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21459  
Do not fill this space.

## 1. PLACE OF DEATH

(a) County BARRY Registration District No. 31  
(b) Township Wheaton Primary Registration District No. 5042C Registered No. 24  
(c) City Wheaton (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

WALTER ABEL WILKERSON  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Sophia Wilkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME Thomas P. Wilkerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

MOTHER 15. MAIDEN NAME MARY FRANCIS WILLIAMS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT J. P. Wilkerson, Jr.  
(ADDRESS) Tulsa Okla. 1225 Quincy

18. BURIAL, CREMATION, OR REMOVAL PLACE Rothville Mo DATE JUNE 26, 1939

19. FUNERAL DIRECTOR (NAME) Prague A. Son  
(ADDRESS) Wheaton Mo

20. FILED June 28, 1939 Donald Blankenship  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1939, to June 24, 1939. I last saw him alive on June 24, 1939. Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset  
1935

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) John P. Callahan M.D.  
(Address) Wheaton Mo.

RECEIVED

District Health Officer No. 6,

District File Number 739-1324

Date Filed JUL 5 1939

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Wm. Morris Payne .....

or by .....

Registered Apprentice No. .... working under my personal supervision.

Signed

Wm. Morris Payne .....

Licensed Embalmer No. 7842

P. O. Address

Wheaton Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**